

APPENDIX D**Cost/Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Resident Rooms/ Bathrooms/Corridors	\$9,972,596.41		30,145	30,145			
Nurses Station/ Med Prep	\$741,681		2,440	2,440			
Dining Room/ Activity Room/ Lounge	\$531,943		1,750	1,750			
Exam Rooms	\$45,595		150	150			
Physical Therapy	\$632,262		2,080	2,080			
Laundry	\$270,531		890	890			
Clean/Soiled Laundry	\$179,341		590	590			
Total Clinical	\$12,373,949.41		38,045	38,045			
NON REVIEWABLE							
Office/Administrative	\$1,681,739.59		3,092	3,092			
Kitchen	\$593,085		1,935	1,935			
Employee Lounge	\$318,764		1,040	1,040			
Locker/Training	\$208,423		680	680			
Mechanical	\$275,853		900	900			
Lobby/Vestibule	\$484,276		1,580	1,580			
Storage/Maintenance	\$706,491		2,305	2,305			
Public Corridor/Public Space	\$308,036		1,005	1,005			
Structure/Misc	0		0	0			
Total Non-clinical	\$4,576,667.59		12,537	12,537			
TOTAL	\$16,950,617		50,582	50,582			